FILED

-03 FEB -3 PM 12: 31

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A0200000771

1. Entity Name

BENT TREE COMMERCIAL PARK III, LTD.



Principal Place of Business Mailing Address SECRETARY OF STATE 13926 SW 47TH STREET 13926 SW 47TH STREET TALLAHASSEE, FLORIDA PROFESSIONAL TRAINING CENTER PROFESSIONAL TRAINING CENTER MIAMI FL 33175 --MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business P. O. Box 557035 Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** Applied For City & State 4. FEI Number City & State Miami, FL 01-0699742 Not Applicable \$8.75 Additional Country Country <sup>Zip</sup> 33255 Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAYSIDE INTERNATIONAL REALTY, INC. Street Address (P.O. Box Number is Not Acceptable) 13926 SW 47TH STREET PROFESSIONAL TRAINING CENTER MIAMI FL 33175 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions \$10,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$0.00 SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P93000086576 DOCUMENT # STREET ADDRESS NAME BAYSIDE INTERNATIONAL REALTY, INC. STREET ADDRESS 13926 SW 47TH STREET CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33175** 400011596784 DOCUMENT # STREET ADDRESS 01/31/03--01074--012 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that may signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Antonio Prado/Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-03

(305) 551-6770

Daytime Phone #

CR2E003 (10/02)

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